

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: <u>2/11/05</u>		2 Serial/Patent # <u>09/206,132</u>	
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3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
Filing			\$
Amendment			\$
Extension of Time			\$
Notice of Appeal/Appeal			\$
Petition			\$
Issue			\$
Cert of Correction/Terminal Disc.			\$
Maintenance			\$
Assignment			\$
Other 999			\$ 170
			7 TOTAL AMOUNT OF REFUND \$ 170

10 REASON: <input checked="" type="checkbox"/> Overpayment <input type="checkbox"/> Duplicate Payment <input type="checkbox"/> No Fee Due (Explanation):	8 TO BE REFUNDED BY: <input type="checkbox"/> Treasury Check <input checked="" type="checkbox"/> Credit Deposit A/C #: 9 <table border="1" style="display: inline-table; text-align: center;"> <tr><td>1</td><td>2</td><td>--</td><td>0</td><td>0</td><td>8</td><td>0</td></tr> </table>	1	2	--	0	0	8	0
1	2	--	0	0	8	0		

11 REFUND REQUESTED BY:	
TYPED/PRINTED NAME: <u>E Shirene Welles</u> SIGNATURE: <u>E Shirene Welles</u> OFFICE: <u>Office of Patents</u>	TITLE: <u>Pet Amy</u> PHONE: <u>272-3230</u>
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: APPROVED: <u>Alicia Hill</u> DATE: <u>2/9/05</u>	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**